

Delete Family Member

Office Use Only	Date Received	Processed By	Effective Date
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- Submit this form within 60 days of the qualifying event to delete family members from coverage under your King County benefits.
- Mail form to Benefits & Well-Being, Yesler Building YES-HR-0500, 400 Yesler Way, Seattle 98104-2683 or fax it to 206.684.1925.
- Other forms you might need:
 - Termination of Marriage/Domestic Partnership Statement
 - Beneficiary Update Form
- Questions? Go to www.metrokc.gov/ohrm/benefits, e-mail kc.benefits@metrokc.gov or call 206.684.1556.

Delete Family Member

Covered	<input type="checkbox"/> Spouse	<input type="checkbox"/> Natural child	<input type="checkbox"/> Adopted child	<input type="checkbox"/> Child placed under guardianship
As My	<input type="checkbox"/> Domestic partner (DP)	<input type="checkbox"/> DP's child	<input type="checkbox"/> Foster child	<input type="checkbox"/> Disabled adult child
Qualifying	<input type="checkbox"/> Death (date) _____ <input type="checkbox"/> Child no longer dependent (date) _____			
Event	<input type="checkbox"/> End of Qualified Medical Child Support Order – attach documentation			
	<input type="checkbox"/> Divorce – attach Termination of Marriage/Domestic Partnership Statement			
	<input type="checkbox"/> Dissolution of domestic partnership – attach Termination of Marriage/Domestic Partnership Statement			
	<input type="checkbox"/> Other (explain) _____			
Name _____				
Soc Sec No _____ Birth Date _____				
Street _____ Apt No _____				
City _____ State _____ ZIP _____				

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Employee Authorization

This information is true, correct and complete, and amends previously submitted information. I authorize King County to make any payroll deductions or refunds resulting from my requested change.

Signature _____ Date Signed _____

Printed Name _____ Contact Phone(_____)_____

Paid ☐ 5th & 20th each month ☐ Every other Thursday
PeopleSoft Payroll ID or Soc Sec No _____